ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As granted in the passport)

Name: Negate Father's Name: Kediv G. Father's Name: Abawari

Date of Birth: 11-Sep-96 Place of Birth: Gendeleta Passport Number: EQ1109060 Gender: Female

Address. - Region: Oroma City: Jima Sub City: Woreda: Kebele: H. No.:

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name Jundi Telephone: 0944941037

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Negwa Telephone: 0917230206

Destination Country: Dubai Departure (Effective) Date:

Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
1.	Kediv Abawari	Father	50 %-	0799810469
2.	Aisha Abadura	Mother	50 %-	0799810469
3.				
4.				
5.				
6.				
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Negate Signature: Date: 30-Jan-25